PATENT APPLICATION FEE DETERMINATION WELLOWD 222554 09 222 554													
CLAIMS AS FILED - PART I (Column 2)									SMALL		OR		THAN ENTITY
FOR .			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE										380.00	OR		760.00
TOTAL CLAIMS			25 minus 20+			• 5			X\$ 9=		OR	X\$18=	90.00
IN	EPENDENT C	EMIAJ	8	, minus	3=	• .5			X39=		OR	X78=	390,°°
MI	MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=	
	* If the difference in column 1 is less than zero, enter *0" in column 2								TOTAL		OR	TOTAL	124000
هَا	12-19-13 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ЕМПТУ	OR	OTHER SMALL	
AMENDMENT A		CLA REMA AFT AMENO	NING ER	,	PF	HIGHEST NUMBER NEVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total *	. 26	2	Minus	00	25	= /		X\$ 9=		OR	X\$18=	
	Independent	1. X	LOE M	Minus		SATE OF AUT			X39=		CR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=	
									TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	
4-	304	(Colur			_(0	olumn 2)	(Calumn 3)	_)	<u> </u>	, .	-CONT. I EL	
AMENDMENT B.		CLA REMAI AFT AMEND	NING ER		PA	HIGHEST NUMBER LEVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FI:E
	Total	. 2	2	Minus	•• ;	25	•		X\$ 9=		OR	X\$18=	
	Independent	• <u>\$</u>	2	Minus .		8			X39=		OR	X78≃	· ·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=	
	THE THE PARTY OF T								TOTAL DIT. FEE		OR ,	YOTAL ODIT, FEE	
7-(8-06 (Column 1) (Column 2) -(Column 3)													
AMENDMENT C		REMAI AFTI AMEND	NING ER		PA	NUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 27)	Minus	~ ,	25	- /		X\$ 9=		OR	X\$18=	
	Independent	• 8		Minus	•••	8	= /		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								130=				
• #	* If the entry in column 1 is less than the entry in column 2, wrae "0" in column 3, ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR	+26J= TÜTAL	
	i the "Highest Nun I the "Highest Num he "Highest Num	nber Previ	ously Pai	d For' IN THIS	S SPA	CE is less that	1 3. enter "3."		TOTAL I DIT. FEE	rooriste box		DOM FEE	
	_		-			•	_						9